

**COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD: JULY 1, 2003 - JUNE 30, 2004**

**COUNTY OF SAN DIEGO  
BOARD OF SUPERVISORS**

2004 JUL 14 PM 4:10

THOMAS J PASTUSZKA  
CLERK OF THE BOARD  
OF SUPERVISORS

**1. DEPARTMENT/COURT INFORMATION:**

Department/Court: HHSA-MHS

Division/Unit: East County Mental Health Clinic

**2. VOLUNTEER PROGRAM BENEFITS:**

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	Hours	X	VCL	=	Dollar Benefit
1	480	X	\$1.25	=	\$600.00

Types of work performed by GENERAL VOLUNTEERS in this category:

Reception, phones, scheduling appointments, filing and all general office duties.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	Hours	X	VCL	=	Dollar Benefit
0	0	X	\$0.00	=	\$0.00

Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels [VCL]. If you have such a volunteer, please indicate the position, hours and compensation level below.)

Position	Hours	X	VCL	=	Dollar Benefit
					\$0.00
					\$0.00

No. Vol.	Hours	X	VCL	=	Dollar Benefit
0	0	X	\$0.00	=	\$0.00

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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar Benefit</u>
<u>2</u>	<u>480.2</u>	<u>\$8,255</u>
<u>0</u>	<u>0</u>	<u>\$0</u>
<u>0</u>	<u>0</u>	<u>\$0</u>

<u>TOTAL \$</u>	<u>Total Hours</u>	<u>Total Value</u>
<u>2</u>	<u>480.2</u>	<u>\$8,255</u>

3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

Item Donated: \_\_\_\_\_ Value: \_\_\_\_\_

TOTAL VALUE = \$0.00

4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of Volunteers (total hours of direct supervision multiplied by the hourly rate of staff person[s] directly supervising program volunteers.)

Hours 80 X 15.00

\$1,200.00

- b. Cost of program coordination (total hours of program coordination multiplied the hourly rate of coordinator[s]). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placement, recognition, etc.)

Hours X Rate

\$0.00

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## c. Other program costs (training materials/supplies, recognition costs, etc.):

Item : _____	Cost: _____
Item : _____	Cost: _____
Item : _____	Cost: _____

TOTAL OF OTHER PROGRAM COSTS =

\$0.00
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d. TOTAL OF PROGRAM COST (4a+4b+4c) =

\$1,200.00
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## 5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:

a. Total Dollar Benefits of Volunteers, Item 2d	\$8,254.64
b. Total of Donations to Volunteer Program, Item 3	\$0.00
c. Subtract Total of program Costs, Item 4d	\$1,200.00

TOTAL PROGRAM BENEFIT:

\$7,054.64
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**6. RECRUITING:**

Please describe your recruiting programs:

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**7. SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

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**8. VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2004-05:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

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**9. GENERAL INFORMATION:**

Name of person completing report:

Dorothy J. King

Phone:

619-401-5500Mail Stop: S546C

E-Mail:

Dorothy.King@sdcounty.ca.gov

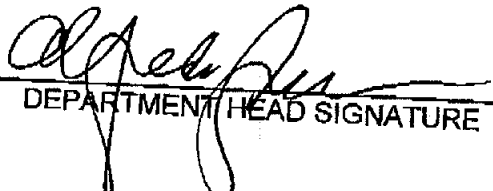
Volunteer Coordinator:

Lori Thibault

Phone:

619-563-2714Mail Stop: P531J

E-Mail:

Lori.Thibault@sdcounty.ca.gov**10. DEPARTMENT CERTIFICATION:**  
DEPARTMENT HEAD SIGNATURE6/30/04

DATE

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